PLEASE PRINT

STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 2 9 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyis	st(s) din	0 Brown			
II. Name of lobbyis	t's partnership,	firm or corporation, if	any:		
The	Nature (DNSENDIA			
72 R.J.	ame of partnership,	firm or corporation)	and a	NH	//22n/
Business Address: ((Street)	(Town/City)	aco 4	(State)	(Zip Code)
(W) 876-5	378	_ ()	e-ma	il <u>"in 05</u>	me hoon
(Telephone) 	(Fa	x))	
III. This statement	covers: (Choose	one – file separate repe	orts for each clien	t, OR you may f	ile a separate report for
reportable expense	transactions wh	ich are not attributable	to any one client).	
□ A31		Com to about a decrete a			11
☐ Ail reportable tra	ansactions occurr	ng in the months prior to	the reporting date	relative to the fo	llowing client:
	(Full Name of	Client as it appears on the I	obbyist Registration	Form)	
OR					
		obbyist (including the lo	bbyist's family), o	r the lobbying fir	m listed below which are
unrelated to any part	ncular chent.				
IV. Date of Report	April 24, 201	o X	Into 21	2010 🗆	
•	•	egistration to 3/31/19	July 31, activity from 4/1	2019 🛄	
	October 30,	_		29, 2020 🗆	
	activity from 7/1.		•	0/1/19 to 12/31/19	
	,,				•
	d, complete just th	ved and no reportablis form and submit it to			
VI. Check if addition	onal reports are	attached:			
If you have rece	ived fees or made	expenditures, you must	file Addendum A	- Fees and Expen	ises
☐ If you have paid Expense Reimburser		r reimbursed expenses, y	ou must file Adde	ndum B- Report	of Honorariums or
•		has made political contri	butions, you must	file Addendum (C- Political Contributions
, ,	, == , z ==	Parine Parine	,) = 4 ********		
Sworn Statement/A	Affirmation by L	obbyist			
			hereby swear or af	firm that the fore	going information is true
and complete to the			_		
	(/ M	<i>t</i>	4/	25/16	
(Signature of lobby	ist)			(Date)	
7			,	(==:2)	
Jm	(Kna				
Print Name of lobb	oyist)				

STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

II. Name of lobbyist's partnership, firm or corporation, if any:	
(Name of partnership, firm or corporation) III. Name of Client	Date 4/25/15
, man e a mar general e de la companya de la compa	$I = I M_{\omega}$
IV. Fees Received Indicate the gross amount of all fees received from the client identified abo to lobbying, including fees for services such as public advocacy, government	
including research, monitoring legislation, and related legal work. The reduced by any expenses:	gross fee amount reported shall no
a) Total of all fees received in this reporting period	a) \$
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar	
c) Total of all fees received to date	
(Add lines a and b)	c) \$
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to fees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report expenses are to be reported in one of three categories of expenses: (a) during the reporting period for salaries, benefits, support staff, and office individual expenses where the expenditure was of \$25.00 or less (for exar lunch where the cost was \$25.00 or less, purchase of a pen with a value of being lobbied, purchase of a ceremonial object given to a person being lob (c) an itemized statement of each individual expenditure made during this reany purpose not covered by (a) (for example: purchase of a meal with a ceremonial object to be given to the subject of lobbying with a value grestaurant expenses for a legislative reception). Expenses for honorarium contributions will be reported on separate addendums and should not be reported.	th client and if expenditures are made t may be filed for the lobbyist(s)/ithe aggregate total of all expenses expenses; (b) the aggregate total of inple: meals purchased during a busifiles than \$10 that is given to the period with a value of \$25.00 or less); exporting period of greater than \$25.0 value of greater than \$25, purchase eater than \$25, but not greater than mas, expense reimbursement, or poli-
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	
b) Total aggregate of expenditures during this reporting period, not reporte in a), of \$25 or less.	⁵⁰ b) \$ 9, 85
111 4), 01 440 01 10001	

d) Total expenses for this reporting period (Add lines a, b and c)	d) s 6, 364.01
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	ns 6, 364.01
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	•
Paid to:	Amount:
State of NH - Regatistan	\$ <u>50 ~</u>
	s
	\$
· · · · · · · · · · · · · · · · · · ·	\$
	\$
	\$
•	

•	
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the foregoing information
is true and complete to the best of my knowledge and belief.	
////	4/26/19
(Signature of lobbyist)	(Date)
Sim OBin	
(Print Name of lobbyist)	